

**AGREEMENT FOR SALARY REDUCTION**  
**Voluntary Supplemental Retirement Plan**

By this agreement, between the employee \_\_\_\_\_ and the Corporation, Universities Research Association, Inc., the parties agree as follows:

Effective \_\_\_\_\_, I hereby request Universities Research Association, Inc., to reduce my taxable salary and make a tax-deferred contribution of:

\$ \_\_\_\_\_ per                      OR                      \_\_\_\_\_ % of Total Pay  
Pay Period

made to the following option(s): Use whole %, should = 100%

(006) TIAA-CREF Retirement Annuity \_\_\_\_\_ %

(005) TIAA-CREF Supplemental Retirement Annuity (SRA) \_\_\_\_\_ %

(007) Dreyfus Funds \_\_\_\_\_ %

(004) T. Rowe Price Funds \_\_\_\_\_ %

(001) Fidelity Group Funds \_\_\_\_\_ %

The IRS maximum for tax-deferred contributions is \$13,000 for calendar year 2004. If you are age 50 or older, or will become age 50 at any time during 2004, you can make an additional catch-up contribution of \$3,000 in 2004. Please state the amount you would like to contribute to the additional catch-up provision for this calendar year \_\_\_\_\_ and your date of birth (month, day, year) \_\_\_\_\_. Do not complete this section if this does not apply to you or if you do not want to increase or decrease this additional contribution. If you are currently contributing and you do not complete this section, the current contribution will continue to be deducted.

Check one from each column:    \_\_\_\_\_ New Enrollment    \_\_\_\_\_ Monthly  
   \_\_\_\_\_ Change                      \_\_\_\_\_ Weekly

This agreement shall be legally binding and irrevocable for both parties with respect to amounts paid while employment continues. However, either party may terminate or otherwise modify this Agreement as of the end of any month or pay period by giving at least thirty days written notice, so that this Agreement will not apply to salary subsequently paid.

This agreement will supersede and cancel any prior salary reduction agreement that may have been in effect for me.

By \_\_\_\_\_  
(Employee's Signature)                      (Emp. No.)

Signed this day \_\_\_\_\_ 20\_\_\_\_  
(Date)

By \_\_\_\_\_  
20\_\_\_\_  
(For Universities Research Association)

Signed this day \_\_\_\_\_  
(Date)

**Benefits Office Use Only**

(403 c) Calculate the amount of the catch-up contribution per pay period. \_\_\_\_\_